

**Supplemental Application Data Sheet**

**Application Information**

Application number:: 10/564,497

Filing Date:: 09/08/06

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?::

Computer Readable Form (CRF)?:: No

Number of copies of CRF::

Title:: Methods for Treating Vascular Diseases

Attorney Docket Number:: 00786/443002

Request of Early Publication?:: No

Request of Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets::

Small Entity?:: No

Petition Included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

### Applicant Information

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Randall  
Middle Name:: T.  
Family Name:: Peterson  
Name Suffix::  
City of Residence:: StonehamBelmont  
State or Province of Residence:: MA  
Country of Residence:: US  
Street of mailing address:: 42 Perkins Street90 Wellesley Road  
City of mailing address:: StonehamBelmont  
State or Province of mailing address:: MA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 0218002478

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Great Britain  
Status:: Full Capacity  
Given Name:: Calum  
Middle Name:: A.  
Family Name:: Macrae

Name Suffix::

City of Residence:: Newton Center  
State or Province of Residence:: MA  
Country of Residence:: US  
Street of mailing address:: 142 Truman Road  
City of mailing address:: Newton Center  
State or Province of mailing address:: MA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 02459

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Stanley  
Middle Name:: Y.  
Family Name:: Shaw

Name Suffix::

City of Residence:: Chestnut Hill  
State or Province of Residence:: MA  
Country of Residence:: US  
Street of mailing address:: 12 Larkin Road  
City of mailing address:: Chestnut Hill  
State or Province of mailing address:: MA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 02467

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: David  
Middle Name:: J.  
Family Name:: Milan  
Name Suffix::  
City of Residence:: Boston  
State or Province of Residence:: MA  
Country of Residence:: US  
Street of mailing address:: 396 Beacon Street, # 3  
City of mailing address:: Boston  
State or Province of mailing address:: MA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 02116

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Travis  
Middle Name:: A.  
Family Name:: Peterson  
Name Suffix::  
City of Residence:: Naperville  
State or Province of Residence:: IL

Country of Residence:: US  
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City of mailing address:: Naperville  
State or Province of mailing address:: IL  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 60563

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Mark  
Middle Name:: C.  
Family Name:: Fishman  
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City of Residence:: Newton Center  
State or Province of Residence:: MA  
Country of Residence:: US  
Street of mailing address:: 43 Kenwood Avenue  
City of mailing address:: Newton Center  
State or Province of mailing address:: MA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 02459

**Correspondence Information**

Correspondence Customer Number:: 21559

**Representative Information**

Representative Customer Number:: 21559

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National stage of	PCT/ US04/020893	06/30/04
PCT/ US04/020893 An application claiming the benefit under 35 USC 119(e)		60/486,964	07/14/03

**Foreign Priority Information**

Country:: Application Number:: Filing Date:: Priority Claimed::

**Assignee Information**

Assignee name:: The General Hospital Corporation  
Street of mailing address:: 55 Fruit Street  
City of mailing address:: Boston  
State of Province of mailing address:: MA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 02114